

RECEIVED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2022 DEC 14 PM 1:21

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Iasia Simpson

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

New York Presbyterian Hospital
622 W 168 St

Do you want a jury trial?

Yes No

New York NY 10032

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Iasia

First Name

L

Middle Initial

Simpson

Last Name

51 Jackson Street

Street Address

Yonkers

County, City

NY

State

10701

Zip Code

347-358-2791

Telephone Number

ladycheronlee1590@gmail.com

Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:

New York Presbyterian Hospital

Name

622 W 168th Street

Address where defendant may be served

10032

County, City

State

10032

Zip Code

Defendant 2:

Name

Address where defendant may be served

County, City

State

Zip Code

42 U.S.C. § 1981, for intentional employment discrimination on the basis of race

My race is: _____

Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: _____

Rehabilitation Act of 1973, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status

New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status

Other (may include other relevant federal, state, city, or county law): _____

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- did not hire me
- terminated my employment
- did not promote me
- did not accommodate my disability
- provided me with terms and conditions of employment different from those of similar employees
- retaliated against me
- harassed me or created a hostile work environment
- other (specify): Force me to quit job without proper consent

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) because of your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

I applied for Religious Exempt and was denied without asking further information based on my Religion. I appealed and was denied. In addition I was locked out of Kronos System and was sent a letter that I would be forced to quit if I didn't take Vaccination. That is against my Religious beliefs.

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? Nov 1 2021

No

Have you received a Notice of Right to Sue from the EEOC?

Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? Nov 10 2022

When did you receive the Notice? Nov 12, 2022

No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

- direct the defendant to hire me
- direct the defendant to re-employ me
- direct the defendant to promote me
- direct the defendant to reasonably accommodate my religion
- direct the defendant to reasonably accommodate my disability
- direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here):

Also, I would like to return back to work if possible and retro pay ^{with} for being forced to quit my job

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12/14/2022

Dated

Laura S

Plaintiff's Signature

Tasiq

L

Simpson

First Name

Middle Initial

Last Name

51 Jackson

Street

Street Address

Yonker

NY

10701

County, City

State

Zip Code

347-358-2791

lady Cherokees1590@gmail.com

Telephone Number

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
New York District Office**

33 Whitehall Street, 5th Floor

New York, NY 10004-2112

Intake Information Group: (800) 669-4000

Intake Information Group TTY: (800) 669-6820

New York Direct Dial: (929) 506-5270

FAX (212) 336-3625

Website: www.eeoc.gov

BY EMAIL

Ms. Iasia L. Simpson
51 Jackson Street, Bsmt.
Yonkers, New York 10701
Ladycherokee1590@gmail.com

Re: EEOC Charge No. 520-2022-04629
Iasia L. Simpson v. New York – Presbyterian Hospital

Dear Ms. Simpson:

Enclosed please find the *Dismissal and Notice of Rights* issued by the Commission for the above-referenced charge.

The Commission has determined that it does not have jurisdiction over your allegations, since your charge was not filed in time with the U.S. Equal Employment Opportunity Commission.

Since the New York State Division of Human Rights (“NYSDHR”) has jurisdiction to investigate allegations of workplace discrimination of Sex and Retaliation, and since the Commission has a work sharing agreement with the NYSDHR, your charge and accompanying documentation have been sent to the New York State Division of Human Rights for review and possible action.

Contact Information for the New York State Division of Human Rights is as follows:

New York State Division of Human Rights
One Fordham Plaza, 4th Floor
Bronx, NY 10458
(718) 741-8167
WWW.DHR.STATE.NY.US

Please contact me at (929) 506-5348 if you have any questions.

Sincerely,

Glendora Young
Federal Investigator

Cc:

Patricia L Wager
Office of Legal Affairs & Risk Management
525 E 68TH ST # 88
New York, NY 10065

Please retain this notice for your records.



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office
33 Whitehall St, 5th Floor
New York, NY 10004
(929) 506-5270
Website: www.eeoc.gov

DISMISSAL AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161 & 161-A)

Issued On: 11/10/2022

To: Ms. Iasia L. Simpson
51 Jackson Street Bsmt
YONKERS, NY 10701
Charge No: 520-2022-04629

EEOC Representative and email: Glendora Young
Federal Investigator
GLENDORA.YOUNG@EEOC.GOV

DISMISSAL OF CHARGE

The EEOC is closing this charge because your charge was not filed within the time limits under the law; in other words, you waited too long after the date of the alleged discrimination to file your charge.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice**. Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission,

Digitally Signed By:Timothy Riera
11/10/2022

Timothy Riera
Acting District Director

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION		Charge Presented To:	Agency(ies) Charge No(s):
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		EEOC FEPA	520-2022-04629
New York State Division Of Human Rights			
<i>State or local Agency, if any</i>			
Name (<i>indicate Mr., Ms., Mrs.</i>) Ms. Iasia L. Simpson		Home Phone 347-358-2791	Year of Birth 1980
Street Address 51 Jackson Street Bsmt YONKERS, NY 10701			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (<i>If more than two, list under PARTICULARS below.</i>)			
Name NEW YORK PRESBYTERIAN HOSPITAL		No. Employees, Members 501+ Employees	Phone No.
Street Address 622 w 165st NYC, NY 10032			
Name		No. Employees, Members	Phone No.
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON Religion, Retaliation		DATE(S) DISCRIMINATION TOOK PLACE Earliest 08/01/2021	
		Latest 10/23/2021	
THE PARTICULARS ARE (<i>If additional paper is needed, attach extra sheet(s).</i>) On June 18, 2018, I was hired by the above entity as a Painter, in which I painted various area in the work location, as assigned. My supervisor was Wilbur Alexander, Painter/Fire Safety Supervisor.I first learneded of my employers COVID-19 vaccine requirement in an email my employer sent to all employees that stated, All employees had to be vaccinated by late August of 2021. If an employee did not want to take the vaccine, they could click the link in the email, to apply for an exemption for the COVID-19 vaccine. I clicked on the link, and did apply for a religious exemption from the vaccine.I have sincerely held religious beliefs that conflict with my employers COVID-19 Vaccine Mandate. I dont want to put any vaccine into my body, including this COVID-19 vaccine. I resubmitted my religious exemption request via a link to HR in September of 2021, and thereafter in this month I received information from HR, that informed me that if I didnt take the vaccine after being denied an exemption accommodation, my employment would be terminated.October 15, 2022. was the deadline to take the vaccine, and I still had not taken the vaccine. Seven days later, I received a letter from HR stating that since I havent taken the vaccine, it is assumed that I voluntarily quit my job because I chose not to take the COVID-19 vaccine.They hired me to work on weekends, when patients are not around and when there really no staff around. A lot of weekends I worked there by myself with no supervision. I was an independent worker. They could have accommodated me. I did not quit. I did not sign any			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY -- <i>When necessary for State and Local Agency Requirements</i>	
I declare under penalty of perjury that the above is true and correct. Digitally Signed By: Ms. Iasia L. Simpson 10/12/2022		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) <i>Charging Party Signature</i>	

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION		Charge Presented To:	Agency(ies) Charge No(s):
<p>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>		EEOC	520-2022-04629
		FEPA	
New York State Division Of Human Rights		and EEOC	
<i>State or local Agency, if any</i>			

documentation with a resignation. If I wanted to resign, I would not have filed a request of a religious exemption. On October 23, 2022, my employer terminated my employment, under the guise of falsely accusing me of resigning from my position. Since my employer wants to claim I did such a thing, they should have and could have accommodated me. I allege that my employer subjected me to religion discrimination in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – <i>When necessary for State and Local Agency Requirements</i>
I declare under penalty of perjury that the above is true and correct. Digitally Signed By: Ms. Iasia L. Simpson 10/12/2022 <i>Charging Party Signature</i>	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <i>(month, day, year)</i>